

U.S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
**APPLICATION FOR REGISTRATION**

(TYPE OR PRINT)

- ☐ **Research Facility** (Complete items 1, 2, and Sections A, B, and C)  
☐ **Exhibitor** (Complete items 1, 2, and Sections B and C)  
☐ **Carrier** (Complete items 1, 2, and Section C)  
☐ **Intermediate Handler** (Complete items 1, 2, and Section C)

**USDA USE ONLY**

Applicant should send four (4) completed copies to this address:

REGISTRATION NO.

DATE REGISTERED

1. REGISTRANT (Name and permanent mailing address, including Zip Code)

2. LOCATION(S) OF BUSINESS, EXHIBITION SITE(S), OR RESEARCH FACILITIES (Use additional sheets if necessary)

3. DO YOU USE OR INTEND TO USE DOGS OR CATS OR OTHER ANIMALS COVERED BY THE ANIMAL WELFARE ACT

☐ Yes ☐ No

4. DO YOU PURCHASE OR TRANSPORT DOGS OR CATS OR OTHER ANIMALS AS DEFINED IN THE ANIMAL WELFARE ACT

☐ Yes ☐ No

5. ARE YOU USING FEDERAL FUNDS TO CARRY OUT RESEARCH, TESTS, OR EXPERIMENTS

☐ Yes ☐ No

6. IF "YES" IN ITEM 5, "X" OR SPECIFY

☐ Grant ☐ Award ☐ Loan ☐ Contract

Other (Specify)

7. NAME OF FEDERAL AGENCY(S) SUPPLYING FUNDS

8. NAME AND LOCATION OF EACH RESEARCH REPORTING FACILITY (see 9 CFR, Section 2.36) WHERE TEACHING, RESEARCH, TESTS, OR EXPERIMENTS ARE CONDUCTED WITH ANIMALS WHICH ARE COVERED BY THIS REGISTRATION. (Use reverse or attach additional sheets.)

**9. NO. ANIMALS USED OR EXHIBITED ANNUALLY (Attach additional sheets if needed)**

A. Dogs

B. Cats

C. Guinea Pigs

D. Hamsters

H. Other (Specify and give No.)

E. Rabbits

F. Non-human Primates

G. Marine Mammals

10. NATURE OR ORGANIZATION OR BUSINESS ("X" one)

☐ Private ☐ Commercial  
☐ State, County or Municipal  
☐ Federal

11. TYPE OF OPERATION ("X" each applicable operation)

☐ College or University ☐ Hospital ☐ Exhibitor  
☐ Carrier ☐ Intermediate Handler ☐ Air ☐ Rail ☐ Marine  
☐ Truck

12. TYPE OF ORGANIZATION

☐ Partnership ☐ Corporation  
☐ Individual ☐ Association

Other (Specify)

13. STATE WHERE INCORPORATED

14. DATE INCORPORATED

15. IF PARTNERSHIP, IDENTIFY EACH PARTNER OR OFFICER

IF CORPORATION OR ORGANIZATION, IDENTIFY PRINCIPAL OFFICERS (Use reverse, if needed)

A. NAME B. TITLE C. ADDRESS (full address, including zip code)

**CERTIFICATION**

I hereby register as a Research Facility, Exhibitor, Carrier, or Intermediate Handler under the Animal Welfare Act, 7 U.S.C. 2131 et seq. and I certify that the information provided herein is true and correct to the best of my knowledge and belief.

16. SIGNATURE

17. NAME AND TITLE (Type or Print)

18. DATE SIGNED

**ACKNOWLEDGEMENT OF RECEIPT OF REGULATIONS AND STANDARDS**

I hereby acknowledge receipt of and agree to comply with all the regulations and standards contained in 9 CFR, Chapter 1, Subchapter A.

19. SIGNATURE

20. NAME AND TITLE (Type or Print)

21. DATE SIGNED